

**DHSS Terms and Conditions of Employment**

Name of applicant: (Print) \_\_\_\_\_ Social Security # \_\_\_\_\_

Last

First

Middle

Previous Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Race: \_\_\_\_ Telephone Number \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)Have you been fingerprinted since **January 1, 1999**, in connection with an application to work at a nursing home or similar facility?

[ ] Yes [ ] No If yes, when and for whom? \_\_\_\_\_

(\*\* To employer – see back of form for information if the response is yes.)

**DHSS Employing Agency Name, Contact Person, Telephone Number and Address:** \_\_\_\_\_***E-MAIL ADDRESS:*** \_\_\_\_\_

State law allows employers to hire persons on a conditional basis pending the receipt of required service letters, an Adult Abuse Registry check, a Child Abuse Registry check, State and Federal criminal history records and the results of a drug test so long as the applicant submits proof of fingerprinting and drug testing prior to beginning employment. The final employment decision will be based on a review of the information received. This document provides your authorization for Delaware Health and Social Services (DHSS) to obtain and review this information, ensures that you understand the terms of your conditional employment and informs you of the penalties for not complying with these requirements.

| <b>AUTHORIZATION</b>  | <b>Applicant<br/>Initials</b> |
|---|-------------------------------|
| I fully authorize DHSS to conduct a Service Letter check of my employment history, an Adult Abuse Registry check and a Child Abuse Registry check. I authorize a full release for the employer to obtain any and all information pertaining to the facts of my current or previous employment. I further consent to the full release to DHSS of any criminal record concerning me.  |                               |
| <b>TERMS OF EMPLOYMENT</b>  |                               |
| I attest that the information given in my application for employment represents a full and complete disclosure of all my current and previous employment, including temporary agency(s) assignments, and that all the information contained in my employment application is true and complete to the best of my knowledge and belief.   |                               |
| I understand that my failure to disclose any information involving my criminal background may be grounds for rejection of my application and for immediate termination if employment has begun. I attest that I have provided any and all information, as required by law, necessary to obtain a report of my entire criminal history record (State and Federal). I understand the mandatory drug-testing requirement and acknowledge that results will be requested.   |                               |
| I understand that it is solely the Employer's decision whether I will be hired on a conditional basis and that I can not be employed conditionally until such time as evidence of fingerprinting and drug testing have been provided to the Employer. I further understand that if employed conditionally, I will continue to be conditionally employed until such time as the fingerprint review results, service letters, adult abuse registry check and child abuse registry check are complete. I further understand that if employed conditionally and drug-testing results are not received within 2 months, such employment shall be terminated. |                               |
| I understand that my employment (or continued employment, if hired on a conditional basis) is contingent upon the receipt of fully completed satisfactory Service Letters, Adult Abuse Registry Check, Child Abuse Registry Check, Criminal History Record Review and Drug Testing Results.   |                               |
| I understand that I will not have access to information provided to DHSS by former employers or other persons in connection with this release authorization.  |                               |
| <b>CIVIL PENALTIES</b>  |                               |
| I understand that my failure to make a full and complete disclosure on my application; failure to make a full and complete disclosure of any information required to obtain a criminal history record; or, failure to comply with the requirement for mandatory drug testing shall subject me to a civil penalty of not less than \$1,000 nor more than \$5,000 for each violation.   |                               |

**I have read and understand the terms and conditions of employment with DHSS as described herein. If the applicant is a minor, a parent or guardian must sign this form.**

Name: (Sign) \_\_\_\_\_

Date: \_\_\_\_\_

See information on reverse side.

\*\*\*\*\*

**STATE POLICE USE ONLY**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail Reply to: Division of Long Term Care Residents Protection  
Criminal Background Check Unit  
Attn: Ken Thompson  
3 Mill Road Suite 308  
Wilmington, DE 19806

\_\_\_\_No arrest or conviction data in State file.

\_\_\_\_Arrest/Conviction data from State file (attached)



## DHSS Terms and Conditions of Employment

To Whom It May Concern:

Title 16, Chapter 11, Subchapter IV, Section 1141, of the Delaware Code requires the Department of Health and Social Services (DHSS) to complete criminal background checks on persons applying for a position in a nursing home or other entity licensed pursuant to 16 Del. C. Ch.11. To assist DHSS in the implementation of this law, we are requiring that persons applying to such facilities sign this release allowing the State Police to:

- proceed with fingerprinting and
- Complete a check of criminal history through the State Bureau of Identification (SBI) and the Federal Bureau of Investigation (FBI).

Title 16, Chapter 11, Subchapter IV, Section 1142, of the Delaware Code also requires employers to send all individuals defined above for mandatory drug testing.

In addition, to facilitate DHSS compliance with this law, we are requiring that persons applying to such facilities sign this release allowing DHSS to:

- Review any other criminal justice information system criminal history or court records that will assist DHSS in determining disqualifying factors for employment.

The purpose of this form is to authorize the State Police to fingerprint the individual named on the form and to subsequently release any criminal history data that is found. The applicant is to take this form to a designated State Police location to be fingerprinted. The State Police representative will keep the form. After the criminal history record check is completed, the State Police will distribute the results. Certified copies of the criminal history record will be mailed out by the State Police as follows: one copy is sent to the DHSS Criminal Background Check Unit, another will be returned to the employer and the final copy is sent to the applicant.

DHSS and the employer, to determine an applicant's suitability for work, will use the information resulting from the background check.

**WHAT TO DO IF THE APPLICANT HAS BEEN FINGERPRINTED IN THE PAST PURSUANT TO 16 DELAWARE CODE  
SECTION 1141**

*Please highlight the response to the question marked with two (2) asterisks on the other side of this form and forward the form to the address listed below.*

For more information on the criminal background check law, please contact:

**Kenneth E. Thompson, Investigative Administrator  
Delaware Health and Social Services  
Criminal Background Check Unit  
3 Mill Road Suite 308  
Wilmington, DE 19806**